



State of Washington
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 45811, Olympia WA 98504-5811

September 13, 2006

TO: All Potential Bidders

FROM: Sandra Elliot, RFP Coordinator
DSHS / Central Contract Services

SUBJECT: Amendment No. 2
DSHS Responses to Bidders' Written Questions
DSHS Responses to Bidders' Conference Questions (Sept. 8, 2006)
Request for Proposal #0612-225
Children's Mental Health Evidence-based Practice Pilot Program

The following DSHS Responses to Bidders' Questions received are issued as Amendment No. 2 to the Request for Proposal identified above and issued on August 22, 2006.

Note: These DSHS Answers to Bidders' Questions may only explain or clarify some aspect that is already addressed in the RFP. But some of the answers may also supplement or change what was previously stated in the RFP, or in an exhibit.

Therefore it is important that bidders review all questions and answers, and not just those that they may have submitted.

DSHS Request for Qualifications
0612-225 Amendment 2

Bidder Questions/DSHS Answers

Q-1	What is the nature of the TA that the UW will provide?
A-1	<p>Eric Bruns, Ph.D. from the University of Washington Division of Public Behavioral Health and Justice Policy: "In answer to your question, the document from which I am reading will be posted in this amendment".</p> <p>The community process for EBP selection, implementation, and evaluation that is to be employed by the successful bidder is a core feature of this RFP. This model includes a strategic approach to building a community's capacity to prevent and respond effectively to children and/or youth's mental health, emotional, behavioral and family problems.</p> <p>As a key support to pilot EBP communities, The UW PBHJP will aim to help the local team create a learning community that can identify specific needs, select appropriate treatments or approaches to meet the needs, implement approaches with fidelity, and evaluate implementation success and outcomes.</p> <p>To accomplish this mission, UW PBHJP will support the community as it progresses through a series of activities that are based on the evidence base on effective EBP implementation as well as principles of effective community planning. These steps are organized into three stages: Community Planning and EBP Selection, Implementation and Quality Assurance, and Evaluation</p> <p>The goals of this research-based process are:</p> <ol style="list-style-type: none">1. To build the capacity of local officials to engage in collaborative decision making about implementing EBPs;2. To make data-informed decisions about how best to invest resources (both financial and otherwise) related to youth and family well-being; and3. To develop the local infrastructure necessary to implement EBPs with high fidelity <p>As for the Children's EBP Pilot project, the overall goal of UW's involvement is to help local communities produce demonstrable benefits for children, youth and families.</p>

Specific Technical Assistance and supports to be provided

In supporting EBP pilot communities, UW PBHJP will aim to “meet the community where it is,” and take part in activities based on the community’s stage of development and specific needs. Nonetheless, we are committed to using community planning and mobilization procedures that have previously been proven effective. Toward that end, we have compiled and adapted materials (such as power point trainings, procedural manuals, and worksheets) from other state projects that we will use in delivering consultation and technical assistance.

Examples of activities that UW PBHJP is prepared to undertake with pilot communities, by project phase, are listed below:

Phase 1. Community Planning and EBP Selection (est. November - December 2006)

- Development of a Core Team of 4-5 individuals charged with managing the local Children’s EBP project
- Development of a Community Leadership team that will bring additional breadth of experience and perspectives to the local project
- Ensuring involvement of consumers and family members in key decision making roles and on key community teams
- Development of local stakeholder team building, training, and communication infrastructure
- Delineation of a schedule of planning activities, including an initial project kick-off and formation of workgroups
- Facilitation of planning activities such as needs assessment data collection, resource inventory data collection, and strategic action selection
- Selection of appropriate EBPs based on strategic action selection
- Completion of a strategic plan derived from a review of data, local collaborative planning, and strategic action selection
- Identification of and contracting with a Qualified Lead Agency
- Identification of and negotiations with an EBP purveyor or purveyor organization
- Development of the draft Implementation Plan and Timeline

Phase 2. EBP Implementation and Quality Assurance Process (January - June, 2007)

- Development of Implementation Plan and timeline
- Development of a Communications or Social Marketing Plan
- Development of local logic model(s) related to selected strategies and EBPs
- Development of evaluation and quality assurance plan based on logic models
- Assistance in working with the EBP purveyor
- Building infrastructure to support the EBP and timely onset of service delivery (by April, 2007)

	<ul style="list-style-type: none"> Managing the EBP in the context of individual treatment planning and the continuum of care (e.g. infrastructure, workflows, etc) Quality management and improvement based on data Ongoing workforce development and stakeholder training as needed <p>Phase 3. Outcomes and Process Evaluation (April - June, 2007)</p> <ul style="list-style-type: none"> Assistance in collecting process and outcomes evaluation data as detailed in the evaluation and quality assurance plan Assistance in analyzing and interpreting evaluation data Assistance in constructing evaluation reports Assistance in satisfactory completion of service delivery reporting Assistance in sustainability planning and construction of any contract amendments for FY2008. <p>Ultimately, UW PBHJP will tailor its support to meet the needs of the local EBP pilot community. At the beginning of each phase of activities, PBHJP faculty will work with the pilot community's Core Team to determine what among the above activities will be most feasible and beneficial. PBHJP faculty will serve as "coaches" to local team members to ensure they have the support they need to facilitate a successful process that leads to positive outcomes for children, youth, and families.</p>
Q-2	Page 10 section 2A, the RFP says '...all communications concerning this RFP must be directed only to the RFP coordinator listed below. Any communication directed to DSHS staff, or its consultant, other than the RFP coordinator may result in disqualification. Does "its consultant" mean the UW?
A-2	Yes. The UW Division of Public Behavioral Health and Justice Policy is the DSHS' consultant referred to in this sentence.
Q-3	<p>The local DCFC Area Manager (a DSHS staff member from Children's Administration) is part of our preliminary community planning team that has been meeting prior to the issuance of this RFP.</p> <p>A. May we communicate with her?</p> <p>B. Could she potentially serve as a reference or prepare a letter of support?</p>
A-3	<p>A. You may NOT communicate with the DCFS Area Manager with whom you have been meeting in relationship to the development of your response to this RFP.</p> <p>B. The DCFS Area Manager may be a reference and/or write a letter of support. We expect local systems such a DCFS regions and other state and local entities to support the RFP responses.</p>

Q-4	D3 & 4 on Pgs. 20-21 of the RFP – References. Should references include some of the key organizations with which we intend to partner on this pilot? May entities that serve as references also write letters of support or should there be no overlap?
A-4	References should include key organizations with which you intend to partner, or those with which you have partnered in the past. These entities may also write letters of support, and/or you may have other entities provide letters of support.
Q-5	Technical Proposal E2 (d) Pg 22 of the RFP asks for an example of creative efforts that led to sustainability? Would this be about reduced future need for high intensity services, diversion, fee-for-services, community fund raising? Collaborative efforts that reduced costs? Not sure what the question is trying to capture.
A-5	The question is intended to elicit evidence, or description of creativity and initiative previously used to support a project or program(s) that had one-time or limited funding.
Q-6	Technical proposal E 4 (d) on page 23 of proposal - we are unclear about what is meant by "evidence based and promising practices...adopted by "constituents". Would "constituents in this context include allied service providers such as schools, juvenile justice, DCFS, chemical dependency treatment providers? Prevention programs? How broadly should we interpret this question?
A-6	Interpret this question broadly. The intent of this question is to demonstrate how you have promoted evidence based practices among providers and consumers; however, constituents could mean any other stakeholder or advocacy group.
Q-7	Management qualifications proposal F (1) pg. 24 of the RFP – Request for resumes of key personnel – does this refer to applicant agency staff only? Not CMHA or other potential collaborators.
A-7	"Management qualifications" includes a request for resumes of key personnel that will be managing the implementation of the statement of work contained in this proposal.
Q-8	Could it? (i.e. pertain to sub-contractors)
A-8	The request does not necessarily exclude partners or sub-contractors, but it is really geared more toward the staff that the bidder intends to be responsible for the statement of work.
Q-9	Cost proposal: G 4 B on page 25 of the RFP – are we asked to estimate 2 nd year costs, a full year of implementation, only in case

	the contract is extended? Should we make any assumptions about the amount of funding available in year 2?
A-9	See the revised cost proposal in this amendment.
Q-10	E on page 8 of the RFP regarding funding availability – does the \$235,000 apply to only (2) bidders’ direct clinical, admin, planning, QA/evaluation and service delivery costs? Can we assume that the costs of the purveyor “package” (i.e. : training, manuals, oversight, TA described in (4) as well as the UW technical assistance and support described in(3) will come from funds in addition to the \$235,000. Should we assume also the case in year 2?
A-10	The total amount of first year funding available for the successful bidder(s) is \$235,000. The bidder(s) may apply for all or part of available funding. The successful bidder is not expected to cover the costs of the purveyor package for fiscal year 2007. The costs of the purveyor “package” will be covered under the DSHS Mental Health Division contract with the purveyor. Likewise, DSHS MHD has contracted directly with the UW for technical assistance and support for fiscal year 2007. Should the successful bidder choose to solicit services from the UW that are beyond the contracted deliverables, the successful bidder will be expected to bear those costs. Second and third year funding is available at \$540,000 annually. The bidder should make the same assumptions in completing their cost proposal for years 2 and 3. (See Revised Cost Proposal).
Q-11	What are the implications of a proposal that is leaning toward an EBP with a high cost “package” vs. another that is leaning toward a lower cost one
A-11	Funding is available within appropriated amounts. Final dollar amounts awarded will be negotiated based on the number of high quality proposals received. The successful bidder(s) will know the dollar amount available to them prior to the EBP selection. The successful bidder is expected to work with the University of Washington to choose an EBP that they can sustain. If the winning bidder(s) select(s) an EBP that is more costly than the awarded dollar amount, it is expected that they will bear the responsibility of covering additional costs. (See the revised cost proposal).
Q-12	Is it acceptable to include in the proposal any attachments in addition to what is described on page 19 of the RFP?
A-12	You are welcome to include attachments. Attachments will NOT effect the evaluation or scoring. There is a page limit on the proposal itself of 25 pages.
Q-13	As we draft the narrative should we assume that all evaluators are familiar with evidence based practices in children and youth mental health services and models for their selection and successful implementation?

A-13	Yes.
Q-14	It would be helpful to us in preparing the proposal to understand how much Technical Assistance will be available. What is the approximate number of hours of TA to be received from the University of Washington Division of Public Behavioral Health and Justice Policy? Specifically, how much effort will the UW consultant put in to the evaluation activities, compared to the contracted site itself?
A-14	The technical assistance contract with the UW DPBHJP is set up according to tasks, products and outcomes that appear in the RFP. The UW DPBHJP will tailor the support, consultation and technical assistance it provides to pilot EBP communities depending on the stage of the process, the specific interventions or approaches being implemented and the local site's needs. Thus, the hours of TA provided will vary accordingly. PBHJP will provide technical assistance and support for developing quality assurance, data collection and process evaluation, but the primary responsibility for actually conducting these activities will be that of the successful bidder(s).
Q-15	Page 1 of RFP request cites 3pm on October 6 as the time the response is due and on page 11 it says 5 pm – which time is correct?
A-15	The RFP response is due at 5:00 p.m. October 6, 2006.
Q-16	Page 13 under L submission of proposals it reads: “..... Will/will not accept proposals submit by e-mail – which is correct?
A-16	DSHS will NOT accept e-mail proposals.
Q-17	Page 19 states the bidder is to submit one binder marked “Original” ...and eight (7) copies. Do we submit 7 or 8 copies?
A-17	You should submit one original and 7 copies.
Q-18	Will funded communities have the option of choosing an intervention or model that is outside of those specified in Exhibit D (the “matrix” of practices and the level of empirical support for each)? [The example given by the person posing the question was TIPS – the Transition to Independence Program.]
A-18	The legislative proviso directed that the evidence-based practice(s) were to be chosen from a list developed by the department (DSHS). Exhibits D and E, the EBP Matrix and the EBP/Intervention Resource Information Guide are draft documents. Any updates

	to these documents will be available to the successful bidder as they work with the UW in making their choice of EBP to be implemented. The EBP must be chosen off of the list that exists at the time the successful bidder makes their final choice. There are five levels of support included on the list. If the community team chooses a practice from Level 4 or 5 as the most appropriate option, the community will be required to present justification and documentation of evidence that supports the chosen practice in regards to the needs and population for which it will be implemented. In addition, the Strategic Implementation Plan will need to specify how evaluation of the impact of the chosen intervention option will be conducted so as to document whether positive outcomes are in fact being achieved.
Q-19	Can we still submit e-mail questions for a response?
A-19	Yes, until Monday, September 11 at noon. After the Cost Proposal is revised and posted as part of this amendment on September 14, potential bidders will have until 5pm, Monday September 18 to submit new questions that are directly related to the revised Cost Proposal only.
Q-20	How many proposals do you anticipate funding?
A-20	We plan to fund one or more proposals.
Q-21	Is it \$235,000 per proposal?
A-21	\$235,000 is the total amount of start-up and first year funding to be awarded. This amount may be divided among successful bidders if more than one proposal is funded.
Q-22	How will we do the budget?
A-22	See the revised cost proposal. Please submit additional questions on the revised cost proposal to DSHS Mental Health Division by September 18 th , 5 p.m.
Q-23	Will it include a cap for year one?
A-23	See the revised cost proposal. . Please submit additional questions on the revised cost proposal to DSHS Mental Health Division by September 18 th , 5 p.m.

Q-24	Looks like much of the proposal is on how ready we are to implement and asks historically what has been done. How much can we include that lies outside mental health, for example mental health services provided to the schools, health, etc, in demonstrate of what the Tribe has done to develop community and readiness?
A-24	The intent of the historical questions in the RFP is to understand your experience implementing new practices. You should describe a broad range of previous efforts and collaborations.
Q-25	To what degree is the evaluation panel sensitive to cultural competence, diverse populations and cultural and ethnic issues related to implementation of EBPs?
A-25	MHD is recruiting an evaluation panel that is diverse and will be objective in scoring the proposals on the basis of criteria established in this RFP.
Q-26	Please confirm – the revised cost proposal will be up on the 14 th ?
A-26	Correct. The revised cost proposal will be posted to the website along with the answers to these questions by close of business September 14.